

Frequent Flyers Productions, Inc.
Aerial Dance-Theatre

Insurance & Emergency Contact Information

Participant Name: _____ DOB _____ / _____ / _____

Street / PO Box: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

INSURANCE INFORMATION:

Do you have health insurance? _____ If yes, please provide the name of the insurance company and your policy number: _____.

In case of emergency please contact (name, relationship & phone #): _____

Does the student suffer from any medical conditions? Yes No

If yes, please list _____

Does above student regularly take any medication(s)? Yes No

If yes, please indicate the medication(s), the dosage, and state if they carry that medication with them:

Student Signature
(Parent/Guardian if student is under 18)

Date

Print Name of Signer